

DSS-1264  
12-90

COMMONWEALTH OF KENTUCKY  
CABINET FOR HUMAN RESOURCES  
DEPARTMENT FOR SOCIAL SERVICES

TITLE IV-E ADOPTION ASSISTANCE ELIGIBILITY SUMMARY

Child's Name: \_\_\_\_\_ DSS Case #: \_\_\_\_\_

1. SPECIAL NEEDS REQUIREMENT:

- \_\_\_\_\_ Age (over 10 years old)
- \_\_\_\_\_ Minority Group (over age 3)
- \_\_\_\_\_ Medical Condition (or physical, mental or emotional handicaps)
- \_\_\_\_\_ Effort made to place without subsidy
- \_\_\_\_\_ Prospective Adoptive Parents are Foster Parents
- \_\_\_\_\_ Sibling group of three or more
- \_\_\_\_\_ A child who has experienced severe physical or sexual abuse
- \_\_\_\_\_ A child whose family background includes mental illness

2. SSI OR IV-E OR AFDC RELATEDNESS:

- \_\_\_\_\_ Eligible to receive SSI
- \_\_\_\_\_ Receiving IV-E Foster Care Maintenance
- \_\_\_\_\_ Eligible to receive IV-E Foster Care Maintenance
- \_\_\_\_\_ Under age 18 (Age 21 for children who are eligible and receiving SSI and remain in a state or federal educational setting)
- \_\_\_\_\_ Termination of Parental Rights (Date of TPR) \_\_\_\_/\_\_\_\_/\_\_\_\_

3. ADOPTION AGREEMENT

- \_\_\_\_\_ Meets IV-E Requirements
- \_\_\_\_\_ Does not meet IV-E Requirements

4. SUMMARY:

- \_\_\_\_\_ Child is IV-E eligible for Adoption Assistance
- Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- \_\_\_\_\_ Child is not IV-E eligible for Adoption Assistance. Check reason below:
  - \_\_\_\_\_ Child does not meet special needs requirement
  - \_\_\_\_\_ Child does not meet SSI or IV-E or AFDC relatedness criteria
  - \_\_\_\_\_ Child does not meet Adoption Agreement requirements

Children's Benefits Worker: \_\_\_\_\_ Date: \_\_\_\_\_